

LOUISIANA SECRETARY OF STATE - ELECTIONS DIVISION
REQUEST FOR ABSENTEE BALLOT BY MAIL

Name: _____ Date of Birth: _____
(PLEASE PRINT)

Residential Address: _____
(DO NOT USE A POST OFFICE BOX NUMBER)

Mother's Maiden Name: _____ Wd/Dist/Pct (If known): _____

* Daytime Phone: (_____) _____ * Soc. Security Number: _____ - _____ - _____

Please mail me an absentee ballot for the election(s) as indicated. If I request a general election ballot at the same time as a primary election ballot, I am declaring that I will be eligible to vote absentee by mail in the general election.

Primary Date: _____ AND/OR General Date: _____

I am entitled to vote absentee by mail in the above specified election(s) because of the reason checked below:

- ___ 1. I am a member of the United States Service as defined in R.S. 18:1302 or a spouse or dependent thereof;
- ___ 2. I am a student, instructor, or professor in an institution of higher learning located outside my parish of registration, and live outside my parish by reason thereof, or a spouse or dependent accompanying and residing therewith;
- ___ 3. I am a minister, priest, rabbi, or other member of the clergy assigned to a religious post outside my parish of registration, or a spouse or dependent accompanying and residing therewith;
- ___ 4. I am or expect to be temporarily outside the territorial limits of the state or outside my parish of registration during the absentee voting period and on election day;
- ___ 5. I moved my residence to another parish more than 100 miles from the parish seat of my former residence after voter registration books closed;
- ___ 6. I am involuntarily confined in an institution for mental treatment outside my registration parish and am not interdicted and not judicially declared incompetent;
- ___ 7. I am residing outside the United States;
- ___ 8. I expect to be hospitalized on election day and either was hospitalized or expect to be hospitalized during the absentee voting in person period, or did not learn that I would be hospitalized until after the absentee voting in person period expired, or was hospitalized and released but restricted to bed by my physician during absentee voting in person and on election day.
- ___ 9. I expect to be out of my precinct upon the waters of the state both during the absentee voting period and on election day because of my employment or occupation;
- ___ 10. I am approved for the Special Handicap Program and am living at home, not in a nursing home; or
- ___ 11. I am incarcerated in an institution inside or outside my parish of registration and not under an order of imprisonment for conviction of a felony.

I understand that my absentee ballot(s), if mailed within the parish or an adjacent parish, can only be sent to the address at which I am registered to vote, my mailing address on file with the registrar of voters, or an address at which I regularly receive mail. Please send my absentee ballot(s) and instruction to:

Address: _____

I CERTIFY that the statements made herein by me are true and correct and I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year (5 years for subsequent offense), or both for knowingly making false statements.

Signature: _____ Date: _____

(SIGNATURES OF 2 WITNESSES REQUIRED ONLY IF SIGNED BY MARK)

RETURN TO: Registrar of Voters
Parish of _____

FOR OFFICIAL USE ONLY: Reg. # _____ W/D/P _____ Party _____ Date Rec'd. _____